



# CONTACT

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Official Magazine  
of the  
349th Air Mobility Wing



## 349th Wing members reach out to those who have served before them with “Operation Gratitude”

(See story on Pages 6-7)



See Page 8  
for Spouses'  
Corner

# Keep in mind, actions, thoughts affect others

by Chaplain (Lt. Col.) Gregory Stringer  
349th Air Mobility Wing

Each year since July 4, 1776, we ponder, as citizens of the United States, the costs that our Independence demanded from those who came before us, to the present. As we watch parades and see waving flags and fireworks bursting in the night sky, gratitude wells up inside of us. We feel pride for those who won, and still maintain for us, the "unalienable rights" endowed by our Creator, such as life, liberty, and the pursuit of happiness, as stated in the Declaration of Independence. For those of



us who serve our nation in the military services, we know that these gifts of life, liberty, and the pursuit of happiness do not just happen. They must be protected for each generation and then passed on to the next generation to fulfill

its responsibility to defend and maintain these liberties. Therefore, we are vigilant in being ready to protect and defend our nation at a moment's notice from all her enemies.

As you know, that takes preparation and lots of it. Welcome to the Operational Readiness Exercises and inspections! We have exercises and get inspected to make sure we can deliver what is stated on paper and promised to our nation. Therefore, we are constantly looking at ways to stay prepared for war while safely accomplishing our tasks. We manage the risks while consciously knowing our jobs take us "into harm's way."

Talk about a challenge! But it is a challenge we can rise up to meet with help from our fellow Airmen, our families, our employers, and our spiritual resources!

We need to recognize and tend to four aspects of our lives—physical, mental, emotional, and spiritual—to stay in a

constant state of preparedness for war that will bring about well-being and safety. All of these areas need daily attention and care if we expect to offer ourselves up for the hard task of defending our nation and staying resilient as we carry out our duty. It is not just about knowing our Airman's Manual and the techniques for the Ability

to Survive and Operate, backwards and forwards, even though that is a noble and proper goal. It is about applying care to these four areas of our life, so we remain healthy and whole human beings while dealing with the inhumane things that come with war. Our spiritual and moral

compass helps us conduct ourselves with honor and integrity during difficult and sometimes "insane" times. It helps us to think of others when it is hard enough to just get ourselves through the moment. This is also what we are preparing for as



(See Actions on next Page)

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# For some things there will never be any 'do-overs'

**D**o you remember as a young kid playing outside with your friends and giving 'do-overs' when you didn't like the way the game turned out and you wanted another chance to do it again?

There are a lot of chances in life when you are really young to do things again and again until you get it right. In youth we are more forgiving with each other, supportive, and encouraging. We have more patience with bad decision

making.

As we age and take on more and more responsibilities there are, by nature, less 'do-overs.' Because there are less 'do-overs' we need to get it right, more often than not, the first time.

--Is drinking and driving and killing a family in a head on collision a 'do-over'?  
 --Is "popping positive" on a drug test a 'do-over' with your Air Force Career?  
 --Is driving haphazardly and unsafe



**By Brig. Gen. Maryanne Miller**  
**349th AMW Commander**



resulting in a fatal crash a 'do-over'?

No. For these types of things there will never be any 'do-overs.'

If your actions and decisions result in NO 'do-overs' -- think twice, three or four times before you act! Some of the decisions we make have no 'do-overs'!

Think before you act: Is it worth it?

Take care, think twice and do the right thing.

## Actions...

(Continued from Page 2)

we train and why we seek ways to do hard things in safe ways. It is what makes us different from brutes and animals. It keeps us human.

As a Christian Chaplain, I am reminded by God in Philippians 2:4 of the Bible to "...look not to your own interests but also to the interests of others." And again, to "love your neighbor as yourself," (Matthew 22: 39). This moves me to see how my actions, thoughts, and behaviors affect others around me. This not only affects how I relate to my fellow Airmen and military comrades, but also how I relate to my spouse, other family members, and friends.

Every day we make many decisions, which either help us stay prepared to defend our nation and care for our families or hurt our preparedness and personal safety. Like it or not, it impacts those we love and swore to protect. Today, many individuals participate in extreme sports and look for an adrenaline rush, which, of course, brings a greater potential for injury or even death. It is important for us to recognize the need to keep the Warrior Spirit alive in us. But it also requires us to learn how to refrain from going into harm's way for no good reason. We need

to ask ourselves how do these things harm or help us to stay prepared to do our duty as an Airman, a spouse, a family member or a friend? Are we being caring or selfish about our choices? If we are reckless with our lives, how can we, at the same time, consider our loved ones and our duty to our country? If we need an adrenaline fix and need to get it in a safe way, such as using a video game or simulator rather than racing on back roads or freeways at 100 miles an hour? These are some ways to plan and prepare to live out our commitments with honor, integrity, love, and safety.

How are you doing in your preparations? If you need someone to talk with and sort some things out, so you can remain prepared to do your duty and remain safe while doing it, please contact a Chaplain. We will offer you a safe and caring place to wrestle with the issues and find good healthy solutions for all concerned.

Happy Preparations!



# 349<sup>th</sup> AMDS scores high with assessment

by Senior Master Sgt. Ellen L. Hatfield  
349th Public Affairs

Recently, the 349th Aerospace Medicine Squadron celebrated a significant milestone that captured the attention of wing commander, Brig. Gen. Maryanne Miller and leadership at 4th Air Force, March Reserve Base, Calif.

The AMDS and 349th Air Mobility Wing achieved the best large unit completion rate in 4th AF, for the Post-Deployment Health Re-Assessment, scoring above 90 percent. Only three units of any size under 4th AF are above the 90 percent completion rate.

"The incredible work of the AMDS is truly unmatched in the command," said General Miller. "They are the unsung, and we do need to get their efforts in full light. Awesome folks!"

Since September 2005, Air Force Reserve Command wing members deployed for 30 days or longer to a Joint Chief of Staff defined location are subject to filling out the PDHRA, using Department of Defense Form 2900.

According to Col. Mark Weiner, commander of the 349th AMDS, questions relate to changes they may have encountered, both physically and mentally during their deployment. The Department of Defense Form 2900 complements the preexisting requirements for completing standard mobility screenings using DD

Form 2795, *Pre-deployment Health Assessment*, DD Form 2796, *Post-Deployment Health Assessment*; and the annual Preventive Health Assessment screening to monitor the health of our Airmen.

Some maladies, such as Traumatic Brain Injury (TBI) and Post-Traumatic Stress Disorder (PTSD), emerge over time following deployments, so the DD Form 2900 is important, as Reservists are re-assessed 90 to 180 days post-deployment.

"The biggest challenge getting re-deployers to complete this assessment is the belief they filled out the form before," said Colonel Weiner, "but they haven't. It is a *re-assessment* and needs to be filled out."

At the reintegration briefing, 349th AMDS staff inform re-deployers they will be receiving the re-assessment form via email. It is a five page document separated into three sections including demographics, health screening, and health care provider portions that is delivered via internet using the Air Force Web-PDHRA application. It only takes about 15 minutes to complete.

As a matter of fact, 349th AMDS representatives complete a Standard Form 600 on each re-deploying Airman, which indicates that person was briefed on the requirement to complete the DD Form 2900. "The Airman signs the form, which signifies their intent to comply," said the colonel.

To boost the percentage of deploying Airmen who complete the DD Form 2900, the 349th AMDS has a four-person team dedicated to caring for returning warriors. Master Sgt. Wende Gallagher, Tech. Sgt. Emmanuel Amigle, and Staff Sgts. Juan Corrales and Kiyoko Ellison, monitor compliance and progress of wing members, in concert with the Unit Deployment Managers and Unit Health Monitors.

In addition, Flight Surgeon Lt. Col. Judith Mates, is on duty daily to aid in the process with face-to-face encounters and to resolve other medical issues.

"We have seen a significant increase in wing statistics with the support of the unit commanders," said Colonel Weiner. "PDHRA is a commanders program, so

under the watchful eye of General Miller, we have seen great progress in the last few months."

The colonel said there is really no difficulty tracking re-deployers, since they all come through the reintegration briefing and are identified early. With the constant communication between the UDM, UHM and the individual's commander, if an Airman has not completed the form, it is noted, and it gets done.

If an Airman has suffered potentially debilitating changes as a consequence of a deployment, this assessment helps identify it. The extent of traumatic injuries seen or suffered by our deployed warriors is due largely to improvised explosive devices (IEDs) so common in this campaign, said Colonel Weiner.

"PTSD stems from a normal reaction to experiences in abnormal situations and settings. The PDHRA is the best tool we have to identify Airmen that have been injured in this manner," said Colonel Weiner.

A post-Vietnam era study revealed that many Vietnam vets who went on to have successful, productive careers as businessmen, professionals, CEOs and more, are now manifesting symptoms of PTSD after they retire some 25-to-40 years later. The colonel said it is attributed to the individual being capable of sequestering

(See Reassessment on Page 11)

*"The biggest challenge getting re-deployers to complete this assessment is the belief they filled out the form before -- but they haven't. It is a re-assessment and needs to be filled out."*

-- Col. Mark Weiner, Commander,  
349th Aerospace Medicine  
Squadron



# 349 Air Mobility Operations Flight - 'The little unit that could!'

*by Lt. Col. Michael A. Thomas and  
Senior Master Sgt. Janice Lambard  
349th Air Mobility Operations Flight*

In the almost three years (1,000 plus days) from October 2006 when the 349th Airlift Control Flight was directed to convert from the Contingency Response Element mission to a new Air Mobility Division mission, the newly designated 349th Air Mobility Operations Flight has accomplished some quite amazing things.

—At least one member of the unit, and usually several, has been deployed every day since October 2006. “Real world” deployments to the Area of Responsibility have included: Central Command, Africa Command and Northern Command.

—Several members of the 349th AMOF have continuously supported NORTHCOM since late 2008 and the unit still has Airmen at the Tyndall Air Operations Center through October 2009.

—The unit has directly supported Operations Iraqi Freedom, Enduring Freedom, Noble Eagle; and Hurricanes Fay, Gustav, Hanna and Ike.

—It has also provided presidential support during the Summit of the

Americas, provided the 15th Air Mobility Operations Squadron with long tour augmentation for day-to-day operations and exercises; augmented the active duty command post at Travis continuously for more than a year; managed Stage Crew Operations at Ramstein Air Base, Germany, RAF Mildenhall, England, and Yokota AB, Japan. Currently, it has Airmen deployed to Ramstein assisting with the stand-up of the newest Air and Space Operations Center—AFRICOM.

—During the 2008 Hurricane season, almost 50 percent of the unit deployed in less than 24 hours to Tyndall AFB, Florida, to support NORTHCOM/IAF. Tasked to become the first Air Force-Northern Command, Regional Air Mobility Coordination Center (AFNORTH-RAMCC), the AMOF ensured around-the-clock Department of Defense air mobility operations for Texas, Florida, Louisiana, and other areas managed by the Federal Emergency Management Agency. The Federal Aviation Administration apportioned control of disaster area civilian airfield arrival and departure “slot” times to the AFNORTH-RAMCC team, marking it the first time in history the FAA relinquished control of civilian slot times

to a military agency.

The ‘outstanding’ performance included the much heralded “Gen-Pop” air evacuations with more than 6,000 New Orleans residents relocated away from the path of Hurricane Gustav. One week later, the RAMCC spearheaded the coordination effort with multiple active duty, National Guard, and Air Force Reserve organizations to transport more than 400 critical-care patients away from the Texas Gulf Coast devastation of Hurricane Ike.

These time-sensitive aeromedical evacuation operations demanded careful planning in an environment of constantly changing requirements caused by rapidly deteriorating weather conditions—a challenge the RAMCC, populated largely by 349th AMOF Airmen, met with ease.

In addition to the “Real World” deployments, the 349th AMOF supported Pacific Command, Joint Chiefs of Staff, NORTHCOM and local exercises. Among the exercises the AMOF supported PACOM’s Terminal Fury ‘08, which was an Operational Readiness Inspection for 13th Air Force. The AMOF was part of the AMD which was shown to be ‘outstanding.’

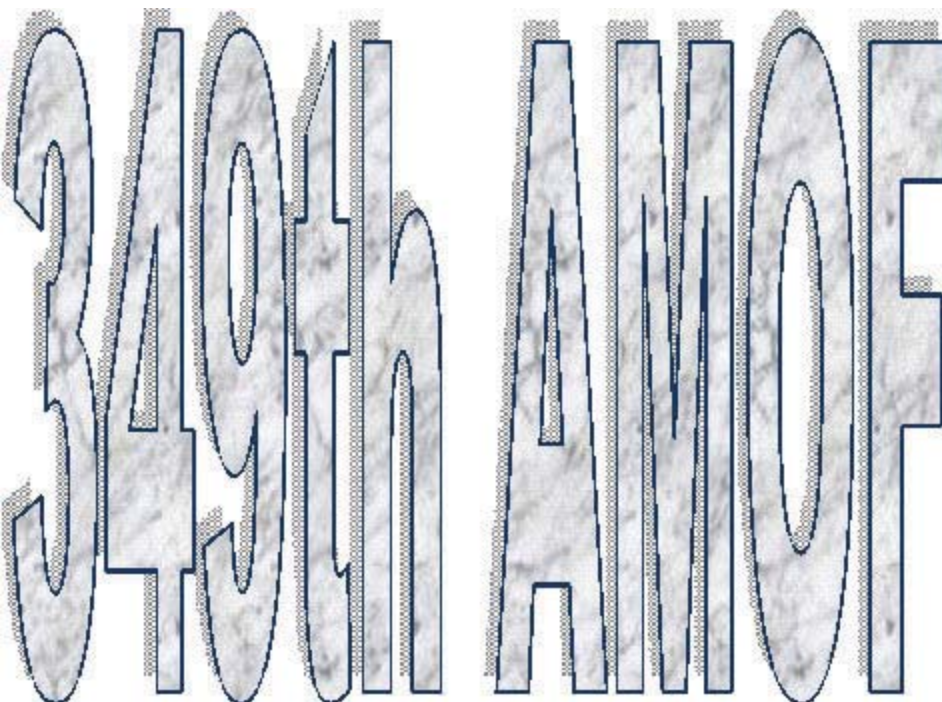
The unit deployed in support of Hydra ‘08 which was heralded as AMC’s “largest JA/ATT participation ever.”

Since October of 2006, the 349th AMOF has deployed to exercises Key Resolve in 2007, 2008 and 2009; Terminal Fury in 2007, 2008 and 2009, Hydra in 2007, 2008 and 2009; Ardent Sentry in 2008 and 2009; and Golden Guardian in 2008.

The 349th Air Mobility Operations Flight is one of only two AMOFs in the Air Force Reserve Command and the lead unit through the conversion process. The unit has more than doubled in size from 14 in 2006 to 31 assigned today and will be three times its original size before the end of the conversion.

Although the AMOF is a small flight, it has all the duties and responsibilities of any Air Force squadron and manages to meet these responsibilities without the assistance of a support staff and with only three full-time members.

(See Small flight on Page 11)





# Operation Gratitude thanks California w

*Stories and photos by  
Senior Master Sgt. Ellen L. Hatfield  
349th Public Affairs*

Citizen Airmen of the 349th Air Mobility Wing, wearing their brightest smiles, turned out June 20 to say “thank you for your service” to a special group of Americans.

Nestled in the rolling hills of Napa Valley wine country, the scene was the California Veterans Home in Yountville. For the past eight years, a large group of volunteers from the 349th AMW have been treating the wheelchair-bound veterans at the Home to a champagne brunch.

Eight years ago, Senior Master Sgt. (Ret.) Caryl Anne Hathaway, then assigned to the 312th Airlift Squadron as a C-5 loadmaster supervisor, came up with the idea of sponsoring an event for the veterans living at the Home.

When she became involved with the 349th AMW Top Three Council, she had a desire to do something to give back to California’s surviving veterans. In earlier



A California Veterans Home resident waits for her raffle number to be called during Operation Gratitude June 20. Assisting her is Senior Master Sgt. Jim Henley, 349th Mission Support Squadron. Reservists from the 349th set up and served the champagne brunch to the veterans in appreciation of their service.

years, the wing had provided a cookout, but she wanted to do something different.

Working with Col. (Ret.) Dick Hum, they “cooked” up the idea of a brunch. “And, what’s a brunch without champagne?” Caryl Ann asked. She got some good deals and donations from various businesses, organized the event, and her volunteers from the Top Three and the wing jumped at the chance to help.

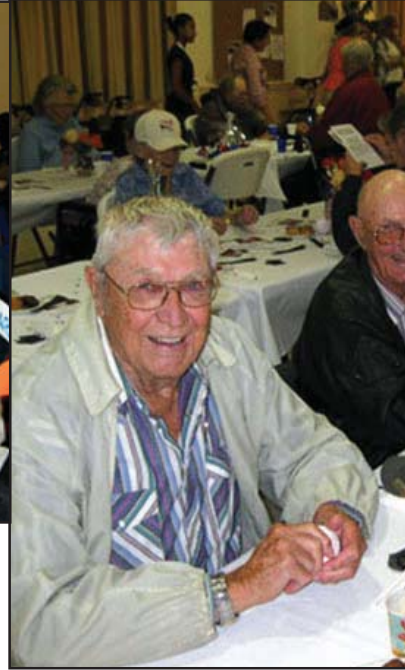
The original venue was across the street from the hospital. Due to the cost involved in hiring extra nursing staff and transportation to take them from the hospital to a location across

the street, many wheelchair-bound and infirm veterans missed out on a variety of social activities because of their immobility.

To remedy the situation, the volunteers trooped across to the hospital to bring the vets to the brunch. “It was the biggest thrill, and still brings a tear to my eye,” said Caryl Ann. “When I turned around, one continuous line of vets was being wheeled over to the brunch.”

At that time, the Home still had two surviving World War I veterans who enjoyed the festivities. When the original venue became too small after the first two years, it was moved across to the hospital recreation center.

This year’s champagne brunch in the hospital kicked off with posting of the colors by the 349th AMW Honor Guard and the singing of the National Anthem. Not another sound was



Senior Master Sgt. Catherine M. Moore with residents of the California Veterans Home during Operation Gratitude June 20, 2009. A large group of volunteers yearly to set up and serve a champagne brunch in appreciation for their service to America.



Lt. Col. Allan Davis, a Reservist with the 349th Air Mobility Wing, finds a seat for a resident of the California Veterans Home in Yountville. June 20, during Operation Gratitude.



Chief Master Sgt. Karen Krause, 4th Air Force, March Air Reserve Base, joins the 349th members and wishes a resident of the California Veterans Home, Yountville, a happy 92nd birthday June 20, during Operation Gratitude.



# Warriors who have serviced our nation



Monteon, 349th Maintenance Squadron, visits Veterans Home, Yountville, during Operation Gratitude. A group of reservists from the wing volunteer to bring a meal to the veterans to show appreciation.

heard as the booming voice of Master Sgt. Oscar Rodriguez echoed in the hall with the stirring narrative that accompanied the flag folding ceremony, also performed by the Honor Guard.

During their meal, the veterans were entertained by "The Honeybees," a trio of teenagers, reminiscent of the Andrews or McGuire Sisters, who sang all the popular tunes from the 1930s, 1940s and 1950s.

The festivities wrapped up with a raffle of gift items purchased by the 349th AMW Airmen, including a number of quilted lap robes made by hand and donated for the event.

Caryl Ann said the vets get a huge thrill from seeing the wing Airmen dressed in their uniforms coming to spend time with them.

"All that we enjoy today – better pay, benefits, training, and our continuous freedom – we have because of these veterans who served before us. It's always an honor to be part of Operation Gratitude."

## Caragan family produces lifetime of service

The Caragan family gives new meaning to the words "service" and "family." The June 20 Operation Gratitude event at the California Veterans Home, Yountville, saw four generations of Caragans brought together to honor the service of patriarch and Korean War veteran, Joseph Dacanay.

Mr. Dacanay, a resident of the Veterans Home for more than two years, served for 20 years in the U.S. Army. A field radio mechanic with the 3rd Infantry Division during the Korean War, he earned the National Defense Service Medal, Korean Service Medal with three bronze stars and several other medals.

The family turns Operation Gratitude into an event akin to one of our Hatfield family reunions. (Yes, this writer is descended from the famous feuders who fought the McCoys). They also have eight family members, seven in Air Force blue, working at Travis Air Force Base.

Showing up to help at the celebration, and visit with Mr. Dacanay, were Ruby Caragan, his daughter, and her husband, Master Sgt. Luis Caragan, Jr., 349th Airlift Control Flight. Their children were also there: Maj. Ray Caragan, 349th Operations Support Flight, Senior Airman David Caragan, 55th Aerial Port Squadron, Daniel Caragan, who is a civilian working at the Travis Child Development Center, and sister Juliette. The major's wife, Digna, brought their nine month old son, Ray, Jr., who represented the fourth generation, along with Gianna Sommese, age five.

Rounding out the family with 10 volunteers for the brunch was Chief Master Sgt. Mike Delgiacco, uncle to the major and his siblings. But the list doesn't end there. Although he was not able to

participate in this year's event, Tech. Sgt. Luis J. Caragan, 312th Airlift Squadron, and brother to Ray, David, Daniel and Juliette, usually join in the fun.

Three cousins, also absent for Operation Gratitude, are part of Team Travis: Staff Sgt. Randy Frias, 749th Aircraft Maintenance Squadron, Senior Airman Jeremy Frias, 349th Memorial Affairs Squadron and Senior Airman Alex Reyes, 82nd APS.

Although Master Sgt. Luis M. (Dad) Caragan retired June 30, the odds are you'll be seeing him with the clan at next year's Operation Gratitude, with the other three generations of his family. By then, he might have convinced son Daniel, to cross into the Air Force blue.



This photo represents half of the Caragan family that volunteered for the 2009 Operation Gratitude at the California Veterans Home, Yountville. Seven family members 'bleed Air Force blue' and are reservists assigned to the 349th Air Mobility Wing. Clockwise from the top left: Senior Airman David Caragan, 55th Aerial Port Squadron, Maj. Ray Caragan, 349th Operations Support Flight, Ruby Caragan, their mother, holding the major's son, Ray, Jr., nine months, and family patriarch and Korean War veteran, Mr. Joseph Dacanay.

# Hello 349th Spouses!

## Military Spouse Career Advancement Program

The Department of Defense provides resources and assistance to military spouses in support of their pursuit of a successful, long-term, portable career. This program will be accessed through Military One Source and will provide counseling and funding, up to \$6,000, to assist with licensure, certification or education opportunities leading to portable employment opportunities. Call the Airman & Family Readiness Center for more information, 424-2486.



## Deployed Spouse Dinner and Yellow Ribbon Conference!

If your military member has done or will do any type of deployment in 2009, PLEASE COME to the 349th Deployed Spouse Conference and Dinner on Sept. 26th. We want to feed you and the family and communicate about your experiences. This is a Federal Yellow Ribbon Program so you will be reimbursed for your travel expenses. Bring the kids, it will be

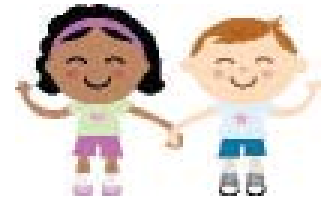


fun! RSVP and for details contact:

[theresa.grieff@travis.af.mil](mailto:theresa.grieff@travis.af.mil).

## Child Care on UTA

Weekends! Travis Air Force Base now has fully licensed Family Child Care on weekends. Please call the FCC Staff for information and the list of providers at 707-424-4585.



## Goodbye 349th Spouses!

This will be the last newsletter I write because we are being reassigned to McChord AFB in Washington. It's been fun gathering up news you can use. If anyone out there would like to take over this newsletter, contact [darlene.chaboude@travis.af.mil](mailto:darlene.chaboude@travis.af.mil)



—Marcy Anholt,  
349th Maintenance Group, Spouse

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## NEWS BRIEFS

### New website hopes to match disabled veterans to jobs

With more than 3,000 job openings, the creators of a new Web portal are hoping to attract disabled veterans seeking employment.

DisABLEDperson.Inc. hosts the nationally based online job board called Job Opportunities for Disabled American Veterans. The site is free for disabled veterans to post their resumes and employers to post their jobs. To post a resume, job seekers must first fill out an online registration. The resume will post on <http://www.JOFDAV.com> for three months.

After three months, job seekers are given the option to re-post their resume, to modify it or to leave it inactive. Job seekers are encouraged not just to wait for employers to find them, but to browse through job openings that companies already have posted. Current job openings on the Web site include accounting, administration and clerical, business development, information technology, research, restaurant and food service, science,

collections, public relations and security. Other than job titles, postings specify geographic location, job category, career level, salary level and job description. (AFPS)

### MatchUP - Play now! Win BIG!

The Force Support Squadron's events and services are hosting the web-based game and program that will run all summer. The game tests the memory and speed of participants, akin to TV game shows. Players receive game pieces for participating in MatchUp designated events at various 60th FSS supported locations around base. Each piece is worth entry into the grand prize drawings, and six lucky Team Travis players will receive guaranteed cash prizes. "This is my first time playing," said General Miller, "but I encourage all my reservists to play." Players can register their game pieces on line at [www.amcmatchup.com](http://www.amcmatchup.com), or use the toll-free hotline at 1-888-597-9960



# New approach to PTSD offers service members greater privacy, reduced stigma

by Lt. Col. Lesa Spivey  
59th Medical Wing Public Affairs

**S**ervicemembers seeking help for deployment-related post-traumatic stress disorder now have the option of being treated through primary care channels with a new pilot program at Wilford Hall Medical Center, Texas.

The main goal of this research program is to offer effective therapy for PTSD within the primary care environment, where servicemembers are likely to feel more comfortable seeking mental health assistance.

Servicemembers who wish to participate in this program simply schedule an appointment with their primary care manager and go to their primary care facility, just as they would for any other treatment. The primary care manager refers the servicemember to the behavioral health consultant who works in the primary care clinic. This helps to mainstream the treatment alongside other, more routine care. It is hoped that a servicemember will feel less isolated or ostracized and be more willing to ask for help.

PTSD is caused by exposure to a traumatic event involving actual or threatened death or serious injury. An individual experiencing PTSD symptoms may have been personally threatened or injured, or might have witnessed the death or serious injury of another. In either case, the severity of PTSD is directly related to the level of threat to the person's life or the lives of others in the combat environment.

PTSD is one of the top health concerns for servicemembers returning from combat duty in Iraq and Afghanistan. Recent studies of Operations Iraqi and Enduring Freedom veterans suggest that 5 to 17 percent of U.S. military personnel returning from deployments have PTSD symptoms and as many as 25 percent report some psychological problems.

Almost 2 million U.S. military personnel have deployed in support of OIF/OEF: estimates in this population indicate that 100,000 to 300,000 veterans are at significant risk for chronic PTSD.

The most effective treatment for PTSD is cognitive-behavioral therapy that helps the servicemember deal more directly with the distressing memories and feelings and thoughts related to combat exposure. Typically, these treatments are only available in the mental health clinic.

Until now, no studies were conducted on offering cognitive-behavioral treatment for PTSD in a primary care setting. However, with research conducted by the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience, or STRONG STAR, doctors at Wilford Hall and Brooke Army Medical Centers in San Antonio have been able to launch the initial study and treatment of this kind.

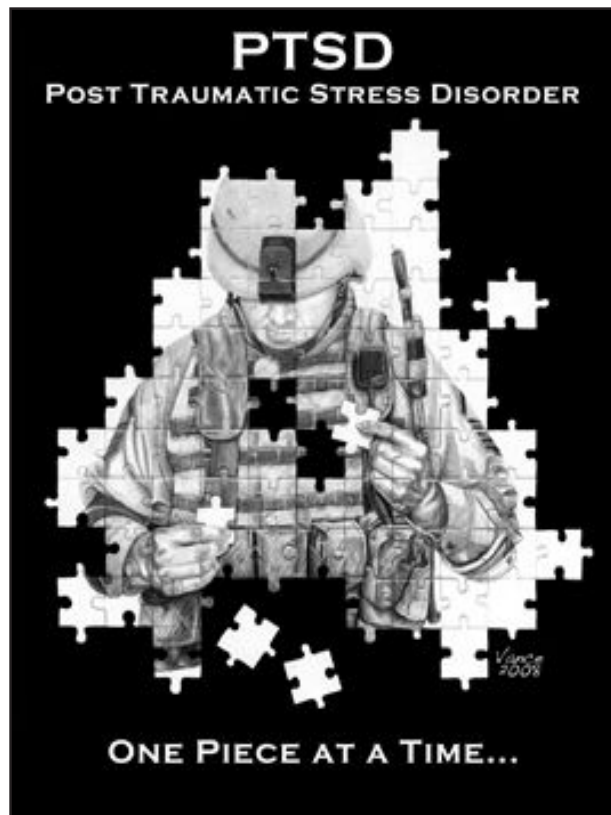
STRONG STAR is a multidisciplinary and multi-institutional research consortium, funded by Department of Defense officials to develop and evaluate the most effective early interventions

possible for the detection, prevention and treatment of combat-related PTSD in active-duty military and recently discharged veterans. Under the leadership of the University of Texas Health Science Center at San Antonio, the consortium brings together the expertise of civilian, military and Veterans Administration institutions and investigators, striving to make major advances in military PTSD research and prevent the onset of chronic PTSD in a new generation of veterans. For more information about the STRONG STAR and its various research programs, visit [www.strongstar.org](http://www.strongstar.org).

The STRONG STAR program offering PTSD treatment through primary care began in February at WHMC and in April at BAMC. Since then, at least 13 servicemembers have enrolled in the pilot study and participated in the PTSD treatment. That number is expected to increase as the program ramps up at BAMC and comes

online at the San Antonio VA.

"This is a significant number since there is a possibility that none of these patients would have sought treatment for PTSD without this intervening step. Many people just won't go to a mental health facility," said Lt. Col. (Dr.) Jeff Cigrang, chairman of the department of psychology at WHMC and principal investigator for the study. "Often, servicemembers who need help do not seek it for months to years after their return from deployment. In many cases, it is a spouse or other family member who is affected by the servicemember's irritability, social withdrawal or emotional numbing that encourages them to seek help. Once symptoms are identified, an additional benefit to offering this treatment in the primary care setting is that appointments are more accessible, so patients experience less wait time to see a doctor."



(See Treatment on Page 11)

## UNIT VACANCIES

AFSC	AFSC Title	Grade	#	AFSC	AFSC Title	Rank	#
11M3K	Mobility Pilot, General	Officer	3	3E800	Explosive Ord Disposal	SMS/CMSgt	1/1
11M3Y	Mobility Pilot, General	Officer	1	3E591	Engineering	MSgt	1
14N3	Intelligence Officer	Officer	5	3H071	Historian	TSgt	1
1A051	In-Flight Refueling	SSgt/TSgt	1/1	3S271	Education & Training	SSgt	2
1A151	Flight Engineer	SSgt	3	3S271	Education & Training	MSgt	1
1A171	Flight Engineer	TSgt	2	41A3	Health Services Administration	Officer	3
1A251	Aircraft Loadmaster	SSgt/TSgt	3/1	42B3	Physical Therapist	Officer	1
1A291	Aircraft Loadmaster	MSgt/SMSgt	2/1	43P3	Pharmacist	Officer	1
1C351	Command Post	SSgt/TSgt	2/1	44M3	Internist	Officer	1
1N051	Operations Intelligence	SSgt/TSgt	2/2	44M3H	Internist	Officer	1
1N091	Operations Intelligence	SMSgt	1	44R3B	Diagnostic Radiologist	Officer	1
21R3	Logistics Readiness	Officer	1	44Y3	Critical Care Medicine	Officer	2
2A571	Aerospace Maintenance	SSgt/TSgt	1/2	45A3	Anesthesiologist	Officer	2
2A652	Aerospace Ground Equip	SSgt/TSgt	1/1	45B3	Orthopedic Surgeon	Officer	1
2A652	Aerospace Ground Equip	MSgt	1	45S3A	Surgeon	Officer	1
2A656	Aircft Electrical and Env System	SSgt	2	45S3B	Surgeon	Officer	1
2A654	Aircrew Fuel System	SSgt	2	46F3	Flight Nurse	Officer	2
2A675	Aircft Hydraulic System	SSgt/TSgt	2/2	46M3	Nurse Anesthetist	Officer	2
2E151	Sat Wideband & Telm Systems	TSgt	2	46N3	Clinical Nurse	Officer	3
2E153	Ground Radio Communications	SSgt/TSgt	3/1	46N3E	Clinical Critical Nurse	Officer	4
2E173	Ground Radio Communications	MSgt	1	46N3H	Clinical Nurse	Officer	1
2E653	Voice Network System	SSgt	2	46S3	Operating Room Nurse	Officer	1
2G071	Logistics Plans	MSgt	1	48A3	Aerospace Medicine	Officer	1
2T251	Air Transportation	SrA	1	48R3	Flight Surgeon	Officer	3
2T271	Air Transportation	MSgt	4	4A091	Health Services Mgmt	SMSgt	1
2T051	Com Computer Systems Ops	SSgt/TSgt	2/1	4N051	Aerospace Medical Services	SSgt/TSgt	2/3
3C251	Com Computer Systems	SSgt	3	4N071	Aerospace Medical Services	MSgt	1
3E291	Pavement/Construction Equip	MSgt/SMSgt	1/1	4N071C	Aerospace Medical Svc, IDMT	TSgt/MSgt	1/1
3E451	Utilities Systems	SSgt/TSgt	1/1	4N091	Aerospace Medical Services	SMSgt	1
3E473	Environmental Controls	MSgt	1	5J051	Paralegal	SSgt/TSgt	2/1
3E791	Fire Protection	SMS/CMSgt	1/1	5R051	Chaplain Assistant	SSgt	1

For more information about these vacancies, go to <https://www.afpc.randolph.af.mil/afpcsecure/MainMenu.asp>.

## PROMOTIONS



### Senior Master Sergeant

William M. Fannes, 349th CES



### Master Sergeant

Mark C. Cordes, 945th AMXS



### Technical Sergeant

\*Arthur C. Cister, 349th ASTS

Rafael Colonalma, 749th AMXS

Danny D. Doctolero, 349th MXS

Mickey S. Gibbs, 349th CS

\*Carlos N. Ibanez, Jr., 749th AMXS

William R. North, 349th CES



### Staff Sergeant

Nicholas D. Bishop, 349th CS

Patrick J. Bloom, 301st AS

Irvin M. Derington, Jr., 749th AMXS

Monica M. Medina, 349th MDS

Billy O. Mims, 349th SFS

Melissa B. Sorah, 349th CS

Melissa J. Stout, 349th AMDS



### Airman

Jennifer L. Rotondo, 349th SFS

(Promotions effective July 1, 2009)

\*Exceptional Performer Program



## Small flight...

(Continued from Page 5)

Since October of 2006 the unit has never had a time that a member of the unit was not deployed. During the exercise surge season and hurricane season, the unit has had between 33 and 50 percent of its Airmen deployed simultaneously throughout the globe. The tremendous operations and personnel deployment tempo has made the AMOF the most consistently busy unit in all of the 349th Wing.

What makes this even more amazing is that all of the training, TDYs, exercises and "Real World" deployments have been accomplished while the unit has been in conversion to the new mission.

The AMOF is scheduled to complete its conversion in October of 2009. With all that the unit has accomplished during conversion, once conversion is completed, "world look out" because the AMOF is about to be turned loose.

The AMOF has no mission at Travis AFB—its mission is on the road.

Nonetheless, 349th AMOF Airmen, when not deployed, are extremely involved in a variety of community outreach programs such as Operation Teddy Bear, Operation Gratitude and wing activities such as the Top Three Council, the Rising Six, along with the wing's Human Resource Development Council.

The 349th AMOF is a small powerhouse mix of AFSCs whose presence can be felt everywhere: in real world contingencies, major exercises and in the local communities.

Good things truly do come in small packages.

## Treatment...

(Continued from Page 9)

Treatment in primary care is shorter and less time-intensive than the options offered at the mental health clinic, so servicemembers can schedule appointments to better accommodate their work schedules.

Treatment involves face-to-face meetings with a behavioral health consultant and completion of homework assignments between appointments. Servicemembers are generally treated in four to six appointments over two to three months, and each appointment lasts 30 minutes. At the completion of the primary care treatment, the servicemember has the option, if needed, of referral to other, more intensive treatments for PTSD.

"We are hopeful that this relatively brief treatment in primary care will be the solution for many service members with PTSD," said Dr. Laura Avila, study co-investigator at BAMC. "For others, it may serve as a good first step to getting the additional help they need from mental health specialty services."

Patients participating in the study are responding well and progressing through various stages of treatment. Some have already completed the program successfully. After treatment, doctors follow-up with the patients at intervals of one month, six months and one year.

"Servicemembers who have sought out this treatment post-deployment come from various career fields, including medical, mortuary affairs, security forces, transportation and others," Doctor Cigrang said. "It's important that we get the word out that seeking help for PTSD is as vital as being treated for any other medical condition and there should be no stigma or shame associated with it."

Doctor Cigrang recommends that servicemembers interested in getting help for deployment-related PTSD talk to their primary care manager about a referral to behavioral health consultation services at their clinic.

## Reassessment...

(Continued from Page 4)

unresolved stresses during the span of their busy career, but in the relatively less stimulating period of retirement, symptoms reemerge.

The 15 minutes of honest reflection required when filling out the DD Form 2900 may literally be a lifesaver.

"I have particular concerns about our Reservists," he continued. "When a Reservist comes 'home' to Travis, he or she is not home. They may live in Georgia, New Mexico, Redding or even Sacramento, where the community or their family doesn't understand the stresses they may have endured, nor does the medical community. Lack of

understanding or proper medical diagnosis can lead to further debilitation in the future."

"I think it is incumbent upon the leadership and all Airmen of the 349th AMW to be the best Wingmen and look out for our returning warriors."

The Colonel said the 349th AMDS owes its success in this endeavor to many in the wing, especially General Miller, who has wholeheartedly put this issue at the forefront by insisting leadership take care of their Airmen.

"The 349th AMDS may be the hub...but this wheel would not roll if not for the four groups and 26 squadrons that embody the spokes. And though 90 percent is the best in AFRC for large bases, I am concerned for the other 10 percent in the wing. With everyone's help, they won't fall by the wayside."

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## *Safety's Top 10 for Mishaps*

**1. Speeding or driving too fast for conditions.** Many people seem to ease off the gas when they are on base, but good habits seem to stay on base after they drive out the gate - don't speed!

**2. Failure to comply with traffic laws (besides speeding).** Tailgating is one of the biggest causal factors in motor vehicle mishaps. The closer you get, the less opportunity you have to avoid an accident. We recommend the two-second rule when conditions are safe and the four-second rule when towing a trailer or if conditions are poor.

**3. Driving beyond your skill level.** Motorcyclists have a tough time with this one when folks go for the speed of a high performance bike which is out of their league. These drivers usually start out with a small Honda 250, drive them for a while and then jump to a Kawasaki 1000. Without the proper training these people don't have the ability to match the bike's performance. The Air Force is working to decrease these kinds of accidents, making motorcycle safety courses mandatory for every Airman who drives one.

**4. Drinking and driving.** This is as close to a no-brainer as you can get: if you drink-don't drive - find a designated driver.

**5. Driving fatigued.** With limited time and funds, there are some Airmen who will forego the pricey airline ticket and attempt to complete the marathon drive back home to see family or friends. People can fall asleep at the wheel for just for a moment, and run off the shoulder, then wake up abruptly and overcorrect their vehicle and get in serious trouble. Supervisors can help Airmen work out a pre-departure plan that allows for rest and the flexibility to call if they get behind.

**6. Distracted by non-driving tasks.** Technology contributes to mishaps, as well. When people phased out cassettes in favor of CDs, they scored better sound - but also a better chance for an accident. CDs are a big contributor because people are fumbling, both hands off the wheel, to get a CD out of a package. Personal digital devices, movie watching and mapping systems are other troublemakers. Keep this small reminder in your thoughts - you're traveling 81 feet per second at 55 m.p.h., you don't have to be distracted very long to cause a major accident.

**7. Driving without appropriate protective equipment.** This one is another no-brainer; Airmen on motorcycles must use helmets when driving on- or off-base, civilians must use helmets on and off base and everyone must also wear seatbelts.

**8. Boating under the influence or without training.** Driving a boat is no different than driving a car - driving drunk is against the law. Keep this reminder in your thoughts, even though people need a license to fish, they don't need one to drive a boat. It's up to the drivers and owners to get educated through a state, town, or Coast Guard run program, which offers free boat safety courses.

**9. Swimming under the influence or beyond limitations.** People may not be as strong a swimmer as they think. Combine limited ability with a generous portion of alcohol, and it spells TROUBLE. Even fishing at sea, which seems fail-safe, can be deadly if people are catching more beer than fish and aren't paying attention to obstacles in the water.

**10. Not wearing an approved personal flotation device.** The same people who may not know how to operate a boat probably are not aware of the requirements for flotation devices; which vary according to people and type of boat. We recommend the use of flotation devices when involved in water sports such as jet skiing, boating, water skiing, etc.